EXHIBIT A-2

Statement of Work Template

Original Amended

STATEMENT OF WORK FOR IT CONTINGENT WORKERS BETWEEN STATE OF MISSISSIPPI, Department of Child Protection Services AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

12/4/2020

Daniel Jordan
Department of Child Protection Services
750 North State Street
Jackson, MS 39201

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

Knowledge Services Posting Number: 77244

• IT Contingent Worker Name: Charlie Case

Vendor Name: CORE Technology, LLC
 Position Title: Program Manager

Regular Hourly Bill Rate: \$88.00

Regular Hourly Bill Rate: \$88.00
 OT Hourly Bill Rate (if applicable): \$88.00
 Original Number of Hours to be worked: 2080

Amendment 1: Number of hours to be worked: Click or tap here to enter text.
 Amendment 2: Number of hours to be worked: Click or tap here to enter text.

• Amendment 3: Number of hours to be worked: Click or tap here to enter text.

• Original Total Cost of SOW: (Not to exceed) \$183,040.00

Amendment 1: Total Cost of SOW: (Not to exceed)

Click or tap here to enter text.

Click or tap here to enter text.

• Amendment 3: Total Cost of SOW: (Not to exceed) Click or tap here to enter text.

Start Date of Service: 12/1/2020

Original End Date of Service: 11/30/2021
 Amendment 1: End Date of Service: Click or tap to enter a date.

Amendment 2: End Date of Service: Click or tap to enter a date.
 Amendment 3: End Date of Service: Click or tap to enter a date.

Work Location: 750 North State Street Jackson, MS 39201

Revised 07/10/2019 1 STATE OF MS IT STAFF AUG

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

Mississippi Department of Child Protection	GuideSoft Inc., d/b/a Knowledge Services
Services DocuSigned by:	
Andrea Sanders	Hailey Petty
Authorized Signature	Authorized Signature
Andrea Sanders	Hailey Petty
Printed Name	Printed Name
Commissioner	Program Manager
Title	Title
12/4/2020	11/30/2020
Date	Date